



Department of Finance

Request for Cash Flow Assistance

Please Check One: ☐ New Request (cash flow assistance has not been requested for this appropriation in the current or a consecutive previous fiscal year)
☐ Recurring Request (cash flow assistance has been requested for this appropriation in the current or a consecutive previous fiscal year)

The Department of _____ requests approval to allow Minnesota
Name of Agency

Accounting Procurement System (MAPS) to process payments prior to receiving funds for
fiscal year _____. I certify that the sponsor/payer will not advance funds for this program,

Name of Program

_____, prior to the state
BFY Fund Agency Orgn Appr Unit

making expenditures necessary to operate this program. Appropriate documentation to
substantiate the sponsor's/payer's position is attached to this form. Funds will be received
within _____ working days after the payments have been entered. I anticipate that the
maximum funds needed for cash flow purposes will be \$ _____.

I understand that if the cash position of this account changes from that stated above and on the
attached documentation, I will notify Finance, Budget Operations in writing of such a change
and of what corrective action is being taken within ten working days of the date this change is
known. I also understand that if this cash flow problem is not resolved by year end close, our
agency will assume full responsibility for any cash shortages and will charge any excess
expenditures to appropriate agency operating appropriations.

Questions regarding this request should be directed to:

Name Title Phone Number

Agency Approvals:

Department of Finance Approvals:

Program Manager

Budget Operations

Accounting Director

Executive Budget Officer (if applicable)

Agency Head

Agency Assistance

Department of Finance Internal Use Only:
Document ID _____